

FILED MAR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4546**

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u> Registrar's No. <u>190</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1241 North National</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Viola</u> b. (Middle) <u>Eslinger</u> c. (Last) <u>Hollis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 25 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Married</u>		8. DATE OF BIRTH <u>Sept 8, 1919</u>	9. AGE (In years last birthday) <u>29</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Charley Eslinger</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Leo Hollis, Springfield, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leo Hollis, Springfield, Missouri</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured Ectopic Pregnancy</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> (6450)		
19a. DATE OF OPERATION <u>Feb. 23, 49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ruptured left tube, rupturing extending down into the broad ligament. Rupture, approximately 4 inches hemorrhage into abdominal cavity.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>	
22. I hereby certify that I attended the deceased from <u>Feb. 13, 1949</u> , to <u>Feb. 25, 1949</u> , that I last saw the deceased alive on <u>Feb. 25, 1949</u> , and that death occurred at <u>4:00 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Lymon H. Brown</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>311 1/2 Boonville</u>	
23c. DATE SIGNED <u>Mar. 2, 1949</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 2, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>3/3/49</u>		REGISTRAR'S SIGNATURE <u>M. E. Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Lohmeyer Funeral Home, Springfield, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.